

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF PRODUCT & INDUSTRY STANDARDS**

PO Box 1163, Richmond, VA 23218
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**APPLICATION FOR WEIGHTS AND MEASURES SERVICE TECHNICIAN CERTIFICATION
AND REGISTRATION FOR TECHNICIAN TRAINING
(PLEASE PRINT OR TYPE)**

TECHNICIAN NAME: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE (including area code): _____

COMPANY AFFILIATE INFORMATION

COMPANY NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CONTACT NAME: _____

WORK LOCATION (if different from Business address above)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

TELEPHONE: _____ CONTACT NAME: _____

SCOPE OF WORK	METERS:	SCALES:
	DEVICE TYPE	DEVICE CLASS
____ SALES	____ MOTOR FUEL DISPENSERS	____ SMALL CAPACITY SCALES (1,000 LBS OR LESS)
____ SERVICE	____ VEHICLE TANK METERS	____ LARGE CAPACITY SCALES (OVER 1,000 LBS)
____ BOTH	____ LP GAS METERS	____ RAILROAD TRACK OR BELT CONVEYOR
	____ BULK METERS	

REQUESTED CLASS DATE: _____

EXEMPTED FROM PAYMENT? _____ YES _____ NO

PAYMENT ENCLOSED? _____ YES _____ NO

MAKE YOUR \$25 CHECK PAYABLE TO THE **TREASURER OF VIRGINIA**

SIGN AND RETURN COMPLETED APPLICATION ALONG WITH PAYMENT TO:

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES,
PO BOX 526,
RICHMOND, VA 23218-0526.**

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

